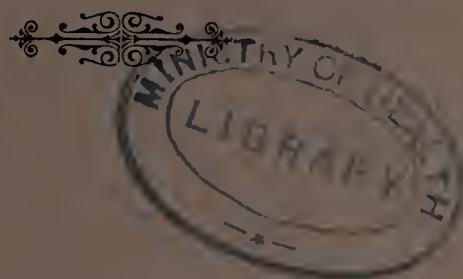


PENISTONE  
URBAN DISTRICT COUNCIL.



**ANNUAL REPORT**

*of*

**The Medical Officer of Health**

*for the Year*

*1950*





PENISTONE URBAN DISTRICT COUNCIL.

HEALTH COMMITTEE. 1950.

Councillor R.F. HARTLEY (Chairman).

- " S. PALMER (Chairman of the Council).
- " J. LEES (Vice Chairman of the Council).
- " MRS. K.E. HOYLAND.
- " J.W. BRADLEY.
- " J.A. CROSSLAND.
- " J. DURRANS, J.P.
- " P.H. DURRANS.
- " W. GLEDHILL.
- " P. HINCHCLIFF.
- " A.T. MARSDEN.
- " H. SCHORAH.
- " G.H. SENIOR.
- " F. SWIFT.
- " G.R. TINKER.

STAFF OF THE HEALTH DEPARTMENT.

Medical Officer of Health.

J. MAIN RUSSELL, M.B., Ch.B. (Edin.), B.Hy., D.P.H.

Deputy Medical Officer of Health.

J. McA. TAGGART, M.B., B.Ch., B.A.O., D.P.H. D.P.A.

Sanitary Inspector.

J. HOLDSWORTH, M.S.I.A., Cert. S.I.E.J.B., Cert.M. & F.I.



PENISTONE URBAN DISTRICT COUNCIL.

ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH

FOR THE YEAR 1950.

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Lady and Gentlemen

I have the honour to submit my Annual Report upon the Health Services of the Penistone Urban District for the year ended 31st December, 1950.

The Ministry of Health have asked Medical Officers of Health to prepare their Annual Report for 1950 on similar lines to that prepared for 1949. The Minister again asked for some particular information about such things as Water Supplies, Sewerage and Sewage Disposal, Clean Food Handling, and some information about the working of the Part III Services of the National Health Service Act within the area.

The water supply in your district is very satisfactory. The source of the supply, of course, is from Artesian Wells, and because such Wells and a few Springs may be affected by changes in the amount of rainfall, there is always a liability to drought in certain parts of your district. During 1950 there was no occasion when the supplies were restricted. The condition of the water supply at Hoylandswaine is very much as it was when I reported upon it a year ago. Part of the Village is supplied from shallow Wells which have been condemned because of the very poor quality of the water produced. A supply of wholesome water is being delivered to tanks situated at strategic points within the small hamlet, and this will be carried on until such time as a scheme for the installation of a pipe supply is accomplished. It is anticipated that some time next year this scheme will be begun.

Bound up with Water Supplies, of course, is the question of sewerage and sewage disposal. Throughout the district, this matter gives very little concern excepting of course, at Hoylandswaine. It is still hoped that some scheme of drainage and sewage disposal should be put into operation in Hoylandswaine, as a complementary measure to that of a piped water supply.

The Vital Statistics for the Penistone Urban District for 1950 would have been very good except for the very bad Infantile Mortality Rate. The Birth Rate continues to increase, and the Rate for 1950 was 16.79, compared to 16.2 for the previous year. This rate compares favourably with that for England and Wales, and for the aggregate of the Urban Districts in the West Riding, which was 15.9. The Still-Birth Rate remains substantially the same as it was in 1949, at 0.10 per 1,000 of the estimated population. The Crude Death Rate is lower than that for 1949 - 11.14 per 1,000 of the estimated population. The corresponding rate for England and Wales is 11.6, and for the aggregate of the Urban Districts within the West Riding, 12.4.





The Registrar General has on this occasion provided us with comparability factors to be applied to Birth Rates and Crude Death Rates, so that a corrected rate can be arrived at for each. The comparability factor for the Penistone Urban District for Births is 1.07, and for Deaths, 0.91. When these factors have been applied to the uncorrected rates given above, it gives a final corrected Birth Rate of 17.96 and a corrected Death Rate of 10.13. These are the figures which are used when one wishes to compare such rates with those in other districts. When we compare statistics between districts, we compare corrected rates.

But what of the Infantile Mortality Rate ? In your district last year, eight infants died before they reached the age of 1-year, equivalent to a rate of 75 per 1,000 of the estimated population. The comparable figure for England and Wales was 30, for the Urban Districts in the West Riding 33, and for the West Riding Administrative County as a whole, 35.

It has been said that the Infantile Death Rate is one of the indices which gives a true picture of the health of the district. I consider that when we deal with such comparatively small numbers as we deal with in Penistone and other similar places, it is unwise to draw conclusions from such rates, but it does show up a very important aspect of the Preventive Medical Services. Of the eight deaths, six did not live a week, one lived 5 months, and one lived 7 months. Of the causes of death, two died from congenital conditions, and five because of premature birth. The other child died at the age of 7 months from Acute Anterior Poliomyelitis. The commonest causes of deaths in infants under 1-year are infections, congenital conditions, and/or prematurity. The commonest infections are those of the upper respiratory tract, and of the gastro-intestinal tract. This one death from Acute Anterior Poliomyelitis is an unusual death at this age. At the same time, it is gratifying to know that there was no death due to any of the commoner infections.

One cannot point to one factor which will eliminate the deaths from premature birth, nor can one suggest any one measure which will prevent the congenital malformations. It is proper that we should make a study of infantile deaths, and with the help of our colleagues who look after the expectant Mother, try and arrive at some factor which might be the predisposing cause of the premature birth. I do not think it is impossible to do this, and in fact at the present time, some research work into this subject is being conducted at a national level.

The administration of the Local Health Services under Part III of the National Health Service Act, 1946, is a County Council duty. As Divisional Medical Officer, I supervise the day to day administration of these services within this Division, of which your district is a constituent part. It means, therefore, that although a County District Council may feel that in certain matters connected with the Health Service their powers are limited, the fact that their Medical Officer of Health is in effect administering such services within that district, links the District Council closer towards the full knowledge of the working of these services within that district. I have appended towards the end of this report certain facts and statistics of the working of these services within the Penistone Urban District, but on this occasion, I have not completed a full Divisional report as I have done in the past two years, in the interests of economy in printing and cost.





I would like to mention before I conclude this introduction that I would like to put on record my grateful thanks to the Chairman and members of the Health Committee for their continued support to me in my work during the period under review; and I also wish to thank the Clerk, the Deputy Clerk, and other members of the staff for their kindly co-operation.

I would like to put on record my grateful thanks to the Chief Sanitary Inspector, Mr. Holdsworth, who, despite his many and varied duties, has never failed to keep up a high standard of efficiency, and whose loyalty to me and the Department has been so firm. It is not asking more than what Mr. Holdsworth and the Health Department require to perform efficiently the routine duties of the Department, when I say that more Clerical assistance should be provided. The work done in the Health Department is so highly confidential, and systematic records and statistics must be maintained at such a high level that the exclusive services of an efficient Clerk is a fundamental necessity. I trust that your Council will favourably consider this matter.

I wish also to acknowledge the help and support given to me by my colleague, Dr. Taggart during the year, and thank him for it.

I am,

Your obedient servant,

J. MAIN RUSSELL,

Medical Officer of Health.



## VITAL STATISTICS

### POPULATION.

The Registrar General has given his estimation of the population at mid. 1950 as 6,370. This is a decrease of 120 as compared with 1949.

### BIRTHS.

There were 107 live births registered in the district during the year. Of these 59 were males and 48 females. There were 2 illegitimate births, 1 male and 1 female.

The uncorrected BIRTH RATE is 16.79 per 1,000 of the estimated population. After correction it is 17.96.

### STILL BIRTHS.

There was one still birth registered during the year. This gives a rate of 9.2 per 1,000 live and still births and 0.10 per 1,000 of the estimated population. The Still Birth was illegitimate.

### DEATHS.

71 deaths were attributed to the district during 1950. Of these 38 were males, and 33 females.

The CRUDE DEATH RATE is 11.14 per 1,000 of the estimated population. The Corrected Rate is 10.13.

Of the total number of deaths approximately two thirds of them occurred in the "65 + " age group - with Diseases of the Heart and Circulation being responsible for 26 of the total deaths.



# PRINCIPAL CAUSES OF DEATH.

<u>INFECTIVE DISEASES.</u>	<u>MALE.</u>	<u>FEMALE.</u>	<u>TOTAL.</u>
Acute Poliomyelitis ... ..	-	1	1
<u>CANCER.</u>			
Malignant Neoplasm - Stomach.	4	1	5
" " Lung & Bronchus.	3	-	3
" " Breast...	-	1	1
" " Uterus...	-	1	1
Other Malignant and lymphatic neoplasms..	2	2	4
<u>NUTRITIONAL DISEASES.</u>			
Diabetes ... ..	-	1	1
<u>NERVOUS SYSTEM.</u>			
Vascular lesions of nervous system...	7	3	10
<u>CIRCULATORY SYSTEM.</u>			
Coronary Disease, Angina ...	5	3	8
Other Heart Disease...	4	10	14
Other Circulatory Disease ...	1	3	4
<u>RESPIRATORY SYSTEM.</u>			
Influenza ... ..	2	-	2
Pneumonia ... ..	1	-	1
Bronchitis ... ..	1	1	2
<u>GENITO-URINARY SYSTEM.</u>			
Nephritis and Nephrosis ...	1	-	1
Hyperplasia of prostate ...	1	-	1
<u>INFANTS.</u>			
Other defined and ill-defined diseases.. ... ..	6	5	11
<u>VIOLENCE.</u>			
All other accidents ... ..	-	1	1
All Causes	38	33	71

## AGE DISTRIBUTION OF DEATHS.

<u>Age Group.</u>	<u>Male.</u>	<u>Female.</u>
Under 1 Year	5	3
2 to 5 Years	-	-
5 - 15 "	-	-
15 - 25 "	-	-
25 - 45 "	1	-
45 - 65 "	11	5
over 65 "	21	25
Total	38	33





Set out below are tables of Live Birth Rates, Still Birth Rates and Crude Death Rates, with those rates for other parts of the Country. From these tables it can be seen how the district compares with the Country generally.

RATES PER 1,000 OF THE ESTIMATED POPULATION.

Year	England and Wales.	126 County Boroughs and Great Towns.	148 Smaller Towns (Population 25,000 to 50,000 at 1931 Census)	London Admin- istrative County.	Penistone U.D.
<u>LIVE BIRTHS.</u>					
1950	15.8	17.6	16.7	17.8	16.79
1949	16.7	18.7	18.0	18.5	16.02
1948	17.9	20.0	19.2	20.1	14.7
<u>STILL BIRTHS</u>					
1950	0.37	0.45	0.38	0.36	0.15
1949	0.39	0.47	0.40	0.37	0.10
1948	0.42	0.52	0.43	0.39	0.16
<u>DEATHS (CRUDE DEATH RATES)</u>					
1950	11.6	12.3	11.6	11.8	11.14
1949	11.7	12.5	11.6	12.2	13.4
1948	10.8	11.6	10.7	11.6	10.3

INFANT MORTALITY.

There were 8 deaths of children under one year of age during 1950, equivalent to an Infantile Mortality Rate of 75 per 1,000 Live Births. I can find no evidence of such a high Infantile Death Rate in previous records of the Penistone Urban District. Coming as it does, after the nil rate of 1949, it is all the more distressing.

AGE DISTRIBUTION OF INFANT DEATHS

Cause of Death.	Under 1 wk.	1 - 2 wks.	2-3 wks	3-4 wks	Total under 4 wks	1 - 3 mths	3-6 mths	6 - 9 mths	9-12 mths	Total under 1 -yr
Congenital conditions	2	-	-	-	2	-	-	-	-	2
Prematurity	4	-	-	-	4	-	1	-	-	5
<u>Infection.</u>										
Acute Anterior Poliomyelitis	-	-	-	-	-	-	-	1	-	1

MATERNAL MORTALITY

There were no maternal deaths during the year.

EPIDEMIC DISEASES.

There was only one death in the Epidemic Diseases (other than Tuberculosis) Group during the year, the Acute Anterior Poliomyelitis Infantile Death.

INQUEST.

Inquests were held on 2 occasions and in 6 cases the cause of death was certified by the Coroner after Post Mortem Examination without inquest.



PREVALENCE OF, AND CONTROL OVER, INFECTIOUS AND OTHER DISEASES.

INFECTIOUS DISEASES OTHER THAN TUBERCULOSIS.

During the year a total of 61 cases of Infectious Disease were notified. They were distributed as follows:-

Measles	...	...	...	...	...	15
Whooping Cough	...	...	...	...	...	35
Erysipelas	..	...	...	...	...	1
Scarlet Fever	...	...	...	...	...	4
Pneumonia	..	...	...	...	...	5
Acute Anterior Poliomyelitis	..	...	...	...	...	1
Total						<u>61</u>

DISTRIBUTION OF INFECTIOUS DISEASES BY AGE GROUPS

AGE GROUP	Measles.	Whooping Cough.	Erysipelas.	Scarlet Fever.	Pneumonia.
Under 1 year.	1	3	-	-	-
1 - 2 years.	2	4	-	-	-
2 - 3 "	4	7	-	-	-
3 - 4 "	2	2	-	-	-
4 - 5 "	2	8	-	-	-
5 - 10 "	4	11	-	3	-
10 - 15 "	-	-	-	1	-
15 - 25 "	-	-	-	-	1
25 - 35 "	-	-	-	-	1
35 - 45 "	-	-	1	-	-
45 - 65 "	-	-	-	-	-
Over 65 "	-	-	-	-	3
TOTALS .....	15	35	1	4	5

ATTACK RATE OF COMMONER INFECTIOUS DISEASES.

	England and Wales.	148 Smaller Towns.	Penistone U.D.
Measles.	8.39	8.36	2.35
Whooping Cough.	3.60	3.15	5.49
Scarlet Fever.	1.50	1.61	0.62
Erysipelas.	0.17	0.16	0.15
Pneumonia.	0.70	0.61	0.71
Acute Poliomyelitis (Paralytic)	0.13	0.11	0.15
(Non-Paralytic).	0.05	0.06	0.00





## MEASLES.

The incidence of Measles throughout the district in 1950 was more or less the same as for 1949. There were 15 cases - one more than the previous year. The attack rate for the district was very low compared with the Country generally, and so far as I can gather, the disease was of a mild type. The cases occurred chiefly in the last quarter of the year. There were no deaths, and no resultant morbidity.

## WHOOPING COUGH.

The incidence of this disease, like Measles, remained constant, as compared with 1949. There were actually 35 cases - 3 more than in 1949. The attack rate for your district was rather higher than that for the rest of the Country - a rate of 5.49 indicates a fair incidence. They occurred in the middle two quarters of the year, except for 4 cases later, in the last quarter. There were no deaths, nor any resultant morbidity.

One wonders why these two diseases keep recurring year after year, and never really disappearing at all. The theoretical reason, of course, is that there are crops of susceptible children coming in contact with the infection, and so falling victims to the disease. But why do children come in contact with these diseases? They are caused by a small germ, so small it cannot be seen, except under a very high powered Microscope. I am forced to the conclusion that children suffering from these diseases are allowed to mix with their young friends whilst still infectious. The type of disease at present is mild and children are not ill, and they want to get up out of bed to play about. Unless carefully guarded, they soon get further afield. Measles and Whooping Cough cases should be kept isolated in the home until a Doctor says they are safe to mix with other children.

## SCARLET FEVER.

Only 4 cases of Scarlet Fever were notified during the year - less than a quarter of last year's total. They occurred in the first quarter of the year, and of the 4 cases, 3 were from one family, all attacked within a matter of three days. They were all mild in type, and were isolated at the Kendray Hospital, Barnsley. The attack rate for this disease was about as low as any previous rate, and compared with the rate for the Country as a whole, is most favourable.

## PNEUMONIA.

There were 5 cases of Pneumonia notified during the year, all Acute Primary Pneumonia. There was one death.

## ACUTE ANTERIOR POLIOMYELITIS AND POLIOENCEPHALITIS.

There was one case brought to the notice of the Department through the medium of the death returns. The child, a girl aged 7 months had been sent to Hospital for diagnosis, but died shortly afterwards, the cause of death being certified as Acute Anterior Poliomyelitis. The attack rate is comparable with that for the rest of the Country, which indicates a general decline over the 1949 rate.

This disease has become very prevalent during the last few years, with only slight variations in intensity. There are all kinds of theories as to the reason for the changing incidence; and probably the most popular one is weather conditions. It is true that the hotter and drier the Summer, the more cases of the disease.





The year 1950 could not be called hot nor even very dry. The low attack rate for Poliomyelitis in that year would seem to prove the hypothesis. We really cannot be dogmatic about these theories. This disease is caused by a germ which is passed from an infected person, or a carrier of infection, by the bowel. Therefore, if everyone paid particular heed to personal hygiene principles, there would assuredly be less Poliomyelitis cases. If children went to bed early and got as much rest as it was possible to get, particularly in the period of high Summer, and slept with windows open, then the chances of the disease spreading would be very much less.

#### DIPHTHERIA.

There were no cases of Diphtheria notified during the year. This is the fourth year in succession that no case has occurred in your district, and I am sure that this fact must be very encouraging to all who have interested themselves in the prevention of this illness.

I am sure that some of you must remember only a few years ago when this disease was a regular feature in the life of the children generally, and you will possibly also remember the heavy toll it took upon child life. We ought to be proud that medical science, coupled with active general preventive medicine measures, has reduced the incidence of this deadly disease to such a level in the Country generally. These are the figures for the Country as a whole, and the story is surely one of which we as a Nation should be proud. In 1940 there were 2,480 deaths from Diphtheria; in 1949 the provisional figure was 85. In 1940 there were 46,281 notifications (uncorrected); in 1949 there were 4,971 (uncorrected). After correction, the latter figure was reduced to 1,897. So far as 1950 is concerned, the figures can just be provisional, but it is interesting to note that for the first half of 1950 there were 565 notified cases, compared with 1,149 for the same period in 1949. In the ten yearly period 1939/49, the average total of deaths per year was 2,800. In the year 1949 there were 85. In 1949 we had the lowest recorded number of cases ever throughout the Country generally.

When a deadly disease such as Diphtheria is rampant throughout the Country, it is a natural reaction on the part of parents and guardians to search for safeguards to prevent the disease attacking their children. The demand for protection against this disease by Diphtheria Immunisation throughout the last decade has been tremendous. Now that the disease has more or less been controlled, parents and guardians do not seem to be so enthusiastic about demanding protection for their children. The demand for the protection afforded is not so strong as it was, and the only interpretation to be arrived at is that there is a sense of complacency being engendered amongst the population, at least so far as Diphtheria is concerned. This is a very dangerous attitude to adopt, for once the herd immunity is reduced, and the number of susceptible children appear, the disease will again work havoc amongst the children. It is so important that there should be a continual high demand for protection, and Health Authorities are doing everything possible to increase the propaganda efforts. At Clinics, at Schools, by poster, by leaflet, we are trying to recreate in young Mothers the vital need for this protective measure being applied to their children. In Penistone during the year, 72 infants under the age of 5 years were immunised, and 7 children between the ages of 5 and 14 years.



Besides those, 37 children received a reinforced dose of the antigen on commencing their School life, at the age of 5 years. The primary immunisation figures are slightly better than those for the previous year, but only one third of the number who received the reinforcing dose last year were presented for treatment this year.

### TUBERCULOSIS.

There were 5 new cases of Tuberculosis notified during the year, 4 Pulmonary and 1 Non-Pulmonary. At the year end there were on the Register 16 cases of Pulmonary Tuberculosis, and 4 cases of Non-Pulmonary Tuberculosis.

#### NEW CASES NOTIFIED DURING 1950.

Age Group.	Pulmonary		Non - Pulmonary.	
	Male	Female	Male	Female
0 - 5 Years	-	-	-	1
5 - 15 "	-	-	-	-
15 - 25 "	-	1	-	-
25 - 35 "	1	-	-	-
35 - 45 "	-	-	-	-
45 - 65 "	1	-	-	-
OVER 65 "	1	-	-	-
TOTALS.	3	1	-	1

Excepting the epidemiological element, the Tuberculosis Service is now a Regional Hospital Board service. In the days before the National Health Service Act became operative, the Local Health Authority, i.e. the County Council, dealt with Tuberculosis from the notification of the case, right through to the completion of treatment. Your duties with regard to this disease amount to the reception of notifications by your Medical Officer of Health, and the usual precautions with regard to the spread of infection. Once the case has been notified, the Chest Physician (one time called the Tuberculosis Officer) then takes the case in hand. The Local Health Authority are responsible for the care and after care and prevention of illness, and one of their duties is to provide Health Visitors to visit the sick, and advise and help in any way they can.

The Tuberculosis Nurse of bygone days has now come on the staff of the Medical Officer of Health for the Local Health Authority, and is one of the complement of Health Visitors. It means, therefore, that the Tuberculosis Nurse, now termed Tuberculosis Health Visitor, works under the direction of the Divisional Medical Officer, and in this Division Mrs. Todd, the Tuberculosis Nurse, who has been in attendance at the Clinic at Penistone for many years, is on my Health Visiting staff, and is responsible for the home visiting of Tuberculosis patients. It has been decided that such a Nurse shall not work in the Clinics, but that the Regional Hospital Board shall provide their own Nurse for this purpose. This decision has not been received with general favour, as it is obvious that the Nurse who sees the patient at the Dispensary with the Chest Physician at regular intervals,





and knows all the Clinical details about the patient's condition, will be more able to assess the welfare of the patient when visiting the patient's home. Happily, in this area Mrs. Todd still attends the Clinic and sees the patients there and this, I consider, is all to the good. I must point out that Mrs. Todd has taken over the whole of the Tuberculosis Health Visiting in Division 22.

In Penistone we have the Tuberculosis Clinic which is held fortnightly, and patients can be seen there by the Chest Physician or one of his staff, and if further and more detailed investigations are necessary, patients can be referred to the Clinic at Barnsley for this purpose.

The incidence of Tuberculosis in Penistone is not high. In fact there were less than in 1949, although there were more Pulmonary cases.

There is one way in which the District Council can assist the Medical Officer of Health in his epidemiological duties concerning Tuberculosis, and that is to help to rehouse families where Pulmonary Tuberculosis is present. You have sympathetically considered any such requests from me, and I thank you for this consideration.



## FOOD POISONING.

There were no cases of Food Poisoning notified in your district during 1950, and taking that at its face value it would mean that the district was free from any Gastro-intestinal upset amongst any of the population during the twelve months under review. It is rather difficult for me to accept the fact that no one had an attack of Diarrhoea, even although it only lasted for an hour or two. It must be borne in mind that every case of sickness and Diarrhoea is, in effect, a case of Food Poisoning, and if we are to control those sporadic outbreaks of Food Poisoning that we get from time to time, then we must be informed as early as possible of all such cases.

It is a dramatic event when we experience an explosive outbreak of Food Poisoning and we see glaring headlines in the newspapers about so many people suffering from Food Poisoning. When it is understood that in practically every case the genesis of the whole outbreak was carelessness on the part of, and a breakdown in the practice of the elementary principles of hygiene, one feels that the public must be continually reminded of those dangers. During the year we have done everything possible to bring the danger of Food Poisoning to the notice of the people, and posters and hand bills have been available at Clinics and Schools, and Health Visitors, School Medical Officers and Welfare Medical Officers have been most assiduous in their propaganda efforts on the question of careful food handling. Your Council took such an interest in this matter that after careful consideration of draft Bye-laws, they approved of these Byelaws under Section 15 of the Food and Drugs Act, 1938, which are promoted for securing the observance of sanitary and cleanly practices and conditions in connection with the handling, wrapping and delivery of food, and the sale of food in the open air. These Byelaws were approved by your Council in August and came into operation on the 4th September, 1950. These Byelaws give us an opportunity to be more emphatic in our dealings with those who are careless in this question of handling food.

## HEALTH EDUCATION.

The question of education of the public to health principles is one in which I am more interested. Besides dealing with such subjects as clean food handling, other matters vitally important to the public might be the subject of meetings of groups of people, or even the subject of discussion amongst discussion groups. Members of our Department have suggested from time to time that such meetings might be convened, but it is not so easy to get the public interested in a subject which does not present much excitement. However, by pamphlets and posters we are endeavouring to create in the public that interest in their own lives, and how those lives should be lived healthily, and I am certain that the public are taking an interest now very much more than they did in years gone by.





## GENERAL PROVISION OF THE HEALTH SERVICES.

### HOSPITALS.

The Regional Hospital Board are now responsible for providing Hospital treatment for those who require it. So far as Penistone Urban District is concerned, Infectious Diseases, if need be, are admitted to the Kendray Hospital, Barnsley, and/or Lodge Moor Hospital, Sheffield. Maternity cases requiring Hospitalisation are admitted to the Hallamshire Maternity Home at Chapeltown, the St. Helen Hospital, Barnsley, and maybe the Princess Royal Maternity Home, Huddersfield. All general cases are usually dealt with at the Sheffield Hospitals or Barnsley Beckett Hospital.

### LABORATORY FACILITIES.

The Medical Research Laboratories at Wakefield, and if need be, the City General Hospital in Sheffield, are always available to give help when any Laboratory examinations are necessary. In the event of epidemics, the Directors of those Laboratories would be available to advise and give practical help in the control of the spread of infection. In the epidemiological field, those Laboratories, with all their modern facilities, are of supreme importance.

### AMBULANCE SERVICE.

The Penistone Urban District is covered by an Ambulance Service based on the Depot at Hoyland. There is a Sub-Depot at Penistone where an Ambulance is stationed, whose journeyings are controlled by the Officer in charge of the Hoyland Depot. The Ambulance Service, of course, is directly under the control of the Local Health Authority, through the County Ambulance Officer.

I think we must agree that the Ambulance Service, which overnight became a free service to anyone who required it, was severely strained in its efforts to serve the people. I think too that there were abuses of the service in that it was called for when people could easily have done without. It must be remembered that services like this are provided for those people who really need them, and I am certain in my own mind that had the service been used by people who could not get to Hospital otherwise than by Ambulance, the service would have had a much easier beginning. However, with a far from adequate fleet of vehicles, both in quality and quantity, a most satisfactory service was maintained, which has now become established as a vital factor in the Health Services.

At Hoyland during 1950, the fleet of vehicles was greatly improved. There were five new vehicles received at the Depot, and two of those vehicles were radio controlled. The full establishment of radio controlled vehicles at the Hoyland Depot is four and shortly after the end of the year, a third was delivered. All those vehicles are new, and capable of long service.

I think that, notwithstanding the odd complaints which have come to our notice from time to time, we must put on record that the Ambulance Service has performed a very good job of work.



CLINICS.

An Infant Welfare Centre is established at the Shrewsbury Road Methodist Chapel, where Ante-Natal Clinics and Minor Ailment Clinics are also held. Particulars concerning these Clinics are as under:-

CHILD WELFARE CENTRE.

Name of Doctor and Nurse in attendance.	Day and Time of sessions.	Total number of attendances during the year.	
		Number who attended for first time during this year.	Children up to 5 years.
Dr.M.V. Wilby & Miss E.C.Wroe.	Monday afternoon.	93	1,688

ANTE-NATAL CLINICS.

Ante-Natal Clinics are held during the morning of the first Friday, Dr.M.V. Wilby and Miss E.C. Wroe being in attendance. During the period under review, the total number of attendances was 12.

TUBERCULOSIS.

The whole of the area is served by the Dispensary at the Wesleyan Sunday School, which is held on the first and third Thursdays in each month.

VENEREAL DISEASES.

Treatment is available at Centres in Barnsley, Sheffield, and Huddersfield, particulars of which are given below:-

Address.	Days and hours of attendance.	
	Men.	Women.
Barnsley, Queens Road.	Mon. 6 - 8 p.m.	Mon. 2.30 - 4.30 p.m.
	Thurs. 6 - 8.30 p.m.	Thurs. 2.30 - 6.0 p.m.
Sheffield Jessop Hospital for Women,		Tues. 4. 0. - 6.0 p.m.
		Thurs. 4. 0. - 6.0 p.m.
		Sat. 11. a.m. - 12.30 p.m.
Sheffield Royal Hospital.	Tues. 6 p.m.	Thurs. 11. a.m.
	Thurs. 6 p.m.	Fri. 6. p.m.
Royal Infirmary.	Tues. 5 - 7 p.m.	Tues. 2 - 4 p.m.
	Wed. 5 - 8 p.m.	
	Fri. 6 - 8 p.m.	
Huddersfield. York Place, New North Road.	Mon.)	Mon.)
	Tues.) 6 - 9 p.m.	Tues.) 6 - 8 p.m.
	Wed.)	Wed.)
	Fri.)	Fri.)
	Wed. 10 - 12 noon.	Wed. 10 - 12 noon.

MORTUARIES.

The Mortuary at Penistone serves the entire area.





### HEALTH VISITING.

Towards the end of the year a new Health Visitor was appointed in your area, and as from the 1st December, 1950, the duties of Health Visitor were taken over by Miss.A. Haigh, who is resident at 1, Knowle Street, Penistone.

### HOME NURSING.

Home Nursing is performed in your district by the following two District Nurse Midwives:-

<u>NAME.</u>	<u>ADDRESS.</u>	<u>TELEPHONE NUMBER</u>
Miss K.J. Mark.	34, Victoria Street, Penistone.	Penistone 167.
Miss M.A. Smith.	34, Victoria Street, Penistone.	Penistone 167.

### MIDWIFERY SERVICE.

The Midwifery Service in the Penistone Urban District is, in the main, carried out by the two District Nurse Midwives mentioned above. During the year under review, these two ladies made a total of 1,333 visits in connection with Midwifery, and the total number of confinements attended was 69 - 63 as Midwives and 6 as Maternity Nurses.

I must point out that there are now boundaries dividing the fields of work performed by these Nurses, Miss Bain at Silkstone, and Mrs. Bennett at Crane Moor. There is, therefore, certain to be some overlapping so far as Penistone Urban District and Rural District are concerned. I think it may mean, therefore, that the figures given above might be uncorrected, in that they may not indicate exactly the total amount of work done within the Urban District. I propose, therefore, that it would be more factual if I stated the total number of visits paid by all the Midwives practising in the Penistone Urban and Rural District, and the total number of visits made by Home Nurses in the two County Districts. These I append below:-

Total number of Midwifery visits:- 2,004.

Total number of Home Nursing visits:- 3,742.





## DOMESTIC HELP SERVICE.

During the year the Domestic Help Service provided a great deal of help and comfort in homes where there was sickness, and where the person responsible for running the home (generally the Wife and Mother) was incapacitated.

The Domestic Help Service is really a new service, and the demands on this service have been very much greater than was originally anticipated. During the early part of the year it was discovered that throughout the County Domestic Helps were being employed in numbers much in excess of the official establishment. To resolve the position it was found in this Division, as in some other Divisions, that any new demands on the service must be refused until the establishment was increased. In those cases where a Domestic Help was in attendance, no action was taken unless it was to reduce the number of hours the Domestic Help spent in that particular home to the authorised establishment. The Local Health Authority were quick to see the need for urgent reconsideration of the establishment throughout the County, and a new figure was agreed upon and the Minister of Health was asked to give his approval to the amended figure, which he did very expeditiously. The service was soon resumed, with a considerable increase of establishment in certain Divisions, and in Division 22 the establishment was increased from the equivalent of 14 full-time Domestic Helps to 25.

I have tried to analyse the statistics of the Domestic Help Service so that I can give a fair picture of how the service worked within each of the constituent districts forming Division 22, and so far as the Penistone Urban District is concerned, there were during 1950 two Domestic Helps employed. There were 5 homes attended, and in all a total of 1,246 Domestic Help hours were performed in the district during the year under review.



## SANITARY CIRCUMSTANCES.

( Prepared by Mr. J. Holdsworth )

### THE NUMBER AND NATURE OF INSPECTIONS MADE - 5003.

#### DWELLING-HOUSES:

Inspections not under Housing Regulations .. .. .	535
Inspections under Housing Regulations .. .. .	4
Re-inspections not under Housing Regulations. .. ..	1591
Re-inspections under Housing Regulations. .. .. .	1
Number of visits made as a result of Complaints.....	318
received.	

#### NUMBER OF VISITS TO:

Slaughter Houses .. .. .	4
Butchers' Shops .. .. .	4
Bakehouses .. .. .	5
Other Food Premises .. .. .	38
Factories with Power .. .. .	58
Elementary Schools .. .. .	8
Secondary Schools . .. .	1
Market .. .. .	372
Sewage Works .. .. .	448
Ice-Cream Shops. .. .. .	15
Common Lodging House .. .. .	2
Other Inspections or Visits. .. .. .	1236

INSPECTIONS UNDER PETROLEUM ACT: .. .. . 5

#### INFECTIOUS DISEASES:

Primary inspections re Infectious Disease .. .. .	4
Re-inspections re Infectious Disease .. .. .	1
Number of rooms disinfected after Infectious Disease.	3

#### DRAINAGE:

Water Tests Applied .. .. .	157
Colour Tests Applied .. .. .	5
New Lengths Inspected .. .. .	188
	-----
Total .. .. .	5003
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#### CLOSET ACCOMMODATION:

Approximate number of Water Closets	2160
" " " Pail Closets.	5
" " " Privies.	201
" " " Waste Water Closets.	20

There have been 26 changes from the conservancy system to the water carriage system during the year.

Whilst the number of privies in the Area is certainly diminishing, conversion is not being carried out so speedily as I should like. Unfortunately local Builders have so much work in hand, and have such difficulty in getting workmen of the right type, possibly due to the fact that men can get work under comfortable conditions at higher rates of pay in factories in an around the District, than those in operation in the Building Industry, that the conversion of privies has had to take second place to works of structural repair.





## INSPECTION AND SUPERVISION OF FOOD:

### MEAT INSPECTION :

81 licences to slaughter pigs for human consumption in this Area were issued by the Ministry of Food. Out of this number, only four owners asked for a Post Mortem examination to be made. As the Law stands at the present time owner consumers are not compelled to notify the Local Authority as to time and place of slaughter of animals which are not to be sold for human consumption, and consequently much food is consumed which has not been inspected. I think this is a very regrettable circumstance, as pigs are particularly prone to diseases which are capable of being transmitted to man.

The introduction of Bye-Laws in connection with the preparation, storage and sale of food, was a step in the right direction. Definite standards are now laid down for every shop-keeper to work to, and anyone coming into the District knows exactly what is required of him.

### HOUSING ESTATE AND PROPERTY MANAGEMENT AND MAINTENANCE:

26 Local Authority and 6 Private Enterprise houses were built during the year, bringing the total number of houses in the District up to 2069, and the number of Council Houses up to 422, an increase of 190 since I took up my appointment.

It must be appreciated that the erection of new houses to meet vital needs of the District adds to the responsibility of this Department. As the number of properties owned by the Council increases, so does the supervisory work of the Department, and it is for this reason in particular that I ask the Council to seriously consider giving me the assistance I require.

Satisfactory progress was made on house repair work, and repairs outstanding were kept at a reasonable level.

The work of converting the Decontamination Centre into an office block was completed, and we entered into occupation during October. The removal to our new accommodation has made the control of outdoor staff and stores much simpler, and I think it will be of lasting benefit to the Council.

### HOUSE REFUSE COLLECTION AND DISPOSAL:

This service has been carried out satisfactorily during the year, and the tip at Thurlstone Sewage Works has been kept up to standard.

Weather conditions during the last few months of the year were deplorable, and this fact, together with the unprecedented amount of sickness amongst the workmen, made it very difficult at times to meet all demands. I think, therefore, that the workmen ought to be congratulated on maintaining this service in face of so many adverse conditions.

### SALVAGE:

The sale of salvage during the year realised the sum of £143. 17s. 8d.





